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Central Fax US Patent and Trademark Office	(571) 273-8300

FROM: MICHAEL R. WARD
Reg. No. 38,651

DATE: September 5, 2007

Number of pages with cover page:	8	Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693/lxo3

Comments:

Attorney Docket No: 41627-20046.00

Re: U.S. Patent Application Serial No. 10/526,663

**For: METHODS AND COMPOSITIONS FOR TRANSFORMATION AND
REGENERATION OF MAIZE**

By: Shibo ZHANG et al.

ART UNIT: 1638 EXAMINER: C. E. Collins

Our Reference: 41627-20046.00

DOCUMENTS ATTACHED:

- 1) Transmittal - 1 pg**
- 2) Fee Transmittal - 2 pgs**
- 3) Ext of Time (1 mo.) - 1 pg**
- 4) RESPONSE TO RESTRICTION REQUIREMENT of 7/5/07 - 3 pgs**

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PTO/SB/21 (09-04)

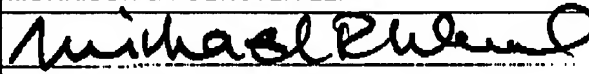
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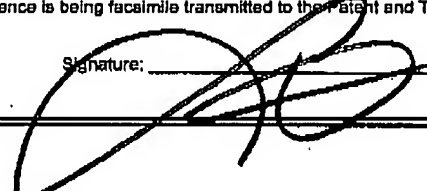
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/526,663
		Filing Date	September 3, 2003
		First Named Inventor	Shibo ZHANG
		Art Unit	1638
		Examiner Name	C. E. Collins
Total Number of Pages In This Submission	7	Attorney Docket Number	416272004600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form - 2 pgs <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply- RESP TO RR of 7/6/07 - 3 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 pg <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (Supplemental, 3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet - 1 pg
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		(Customer No. 20872)
Signature			
Printed name	Michael R. Ward		
Date	September 5, 2007	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office at FAX NO: (571) 273-8300 on the date shown below.	
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		Complete if Known					
		Application Number	10/526,663				
		Filing Date	September 3, 2003(PCT/US03/27565)				
		First Named Inventor	Shibo ZHANG				
		Examiner Name	1638				
		Art Unit	C. E. Collins				
		Attorney Docket No.	416272004600				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$)	60.00					
METHOD OF PAYMENT (check all that apply)							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	FEE (\$)	Small Entity Fee (\$)	FEE (\$)	Small Entity Fee (\$)	FEE (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
21	-20 or HP	x	= 0		0	0	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
6	-3 or HP	X	= 0				
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Other: 2251	Surcharge -Extension of Time (1 mo.)	\$60.00					
SUBMITTED BY: MORRISON & FOERSTER LLP		CUSTOMER NO. 20872					
Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent) 38,651 Telephone 415/268-6237					
Name (Print/Type)	MICHAEL R. WARD	Date September 5, 2007					

sf-2066057